05845

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5852 **CERTIFICATE OF DEATH**

Reg. Dist. No. 282

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|---|
| COUNTY St Mary's MARYLAND | STATE Maryland COUNTY St Mary's |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico — LENGTH OF STAY (in this place) Life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS — | STREET ADDRESS (If rural give location) — |

3. NAME OF DECEASED: (Type or Print) (First) Liza (Middle) Lucritic (Last) Baker

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colord

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec 16-1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months 5 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Richard Nelson

14. MOTHER'S MAIDEN NAME: Julia Ann Butler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: James T. Baker Chaptico Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| 420.1 Immediate cause | (a) Coronary occlusion | 15 min |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Arteriosclerosis | 10 yr |
| | DUE TO (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1954, to 6-2, 1954, that I last saw the deceased alive on 6/2, 1954, and that death occurred at 9.00 P.M from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD — ADDRESS Leonardtown — DATE SIGNED 6/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 5-1954 — NAME OF CEMETERY OR CREMATORY St Joseph — LOCATION (City, town, or county) Moyanna (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/4/54 — REGISTRAR'S SIGNATURE Alan D. Hansen D — 24. FUNERAL DIRECTOR Jos C. Mattingley — ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 7 1954
BUREAU V. S

05846

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5853

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY St. Marys MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural give location) Rural |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Julius | (Middle) Bradford | (Last) Bankins | 4. DATE OF DEATH (Month) 6 - | (Day) 22 - | (Year) 1954 |
| 5. SEX male | 6. COLOR OR RACE colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH 2- 14- 1865 | 9. AGE last birthday 89 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman | 10b. KIND OF BUSINESS OR INDUSTRY Sea Food | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME Basil Bankins | | 14. MOTHER'S MAIDEN NAME Millie Smith | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) -- | 16. SOCIAL SECURITY NO. -- | 17. INFORMANT Lillian Bankins - Hollywood, Md. | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary sclerosis — 3 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from November, 1945, to June 22, 1954, that I last saw the deceased alive on June 20, 1954, and that death occurred at 10 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| P J Bean MD | | Great Mills Md | 6/24/54 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 6/26/54 | NAME OF CEMETERY OR CREMATORY St. Johns Cemetery | LOCATION (City, town, or county) (State) Hollywood, Md. |
| DATE REC'D BY LOCAL REG. 6-24-54 | REGISTRAR'S SIGNATURE P J Bean, MD. | 24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05847

5854 CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
MARYLAND
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Rachel (Middle) (Last) Barnes

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 9 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) House

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Sommerville

14. MOTHER'S MAIDEN NAME: Rebecca Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Clyde Barnes Great Mills Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Central hemorrhage — Interval Between Onset And Death: 2 weeks

331X

DUE TO

Antecedent causes (b) Arteriosclerosis — 6 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1954, to June 17 1954, that I last saw the deceased alive on June 15 1954, and that death occurred at 6.45 P.M., from the causes and on the date stated above.

SIGNATURE D Bean (Degree or title) MD ADDRESS Great Mills Md DATE SIGNED 6-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 21-54

NAME OF CEMETERY OR CREMATORY Fern Hill

LOCATION (City, town, or county) Hermanville (State) Md

DATE REC'D BY LOCAL REGISTRAR June 19/54

REGISTRAR'S SIGNATURE D Bean MD

24. FUNERAL DIRECTOR Jos C Mattingly ADDRESS Leonardtown Maryland

RECEIVED
JUN 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05848

# 5855 CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY ST. MARYS — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN — LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VIRGINIA — COUNTY Richmond
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN VILLAGE
STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) RUTH (Last) BRYANT

4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 5-27-1952

9. AGE last birthday: 2 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ARNOLD D. BRYANT

14. MOTHER'S MAIDEN NAME: MARJORIE L. BALDERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: ARNOLD D. BRYANT – VILLAGE, VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 2° burns c pulmonary involvement — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) California — (COUNTY) St. Mary's — (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 13 (Year) 54 (Hour) 12 Noon
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell into a hearth fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Alan D. Hansen (Degree or title) MD — ADDRESS Leonardtown, Md. — DATE SIGNED 6/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF 6-17-54 — NAME OF CEMETERY OR CREMATORY Totuskey Cemetery — LOCATION (City, town, or county) Village, VA. (State)

DATE REC'D BY LOCAL REG. 6-15-54 — REGISTRAR'S SIGNATURE Alan D. Hansen, M.D.

24. FUNERAL DIRECTOR — ADDRESS T. D. MARKS FUNERAL HOME WARSAW, VA.

RECEIVED
JUN 18 1954
BUREAU V. S.

05849

# MARYLAND STATE DEPARTMENT OF HEALTH

5856

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 286

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St. Mary's |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakley X — LENGTH OF STAY (in this place) Life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakley X |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS X | STREET ADDRESS (If rural give location) |

3. NAME OF DECEASED (Type or Print) (First) Mary Elizabeth (Middle) Butler (Last)

4. DATE OF DEATH (Month) 6 (Day) 3 (Year) 1954

5. SEX 1

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH 10-15-68

9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert Collins

14. MOTHER'S MAIDEN NAME Margaret Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Alice Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

519.0

Immediate cause (a) Cerebral apoplexy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute hemorrhagic pleurisy

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16-, 1954, to 6-3, 1954, that I last saw the deceased alive on 6-3, 1954, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE Robert V. Palmer (Degree or title) M.D. ADDRESS Avenue DATE SIGNED Md 6-4-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 6-7-54 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) Bushwood (State) Md

DATE REC'D BY LOCAL REG. 6-4-54 — REGISTRAR'S SIGNATURE Robert V. Palmer — 24. FUNERAL DIRECTOR Joseph C. Maltingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05850

# 5857 CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Inigoes
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Inigoes
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) (Last) Campbell

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 16-1879
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months 1 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Labor by day
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: R. L. Smith Sr. Inigoes Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General arteriosclerosis — Interval Between Onset And Death: 6 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11-, 1954, to 6-11-, 1954, that I last saw the deceased alive on 6-9, 1954, and that death occurred at 10.00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) P. J. Bean, M.D. ADDRESS Great Mills, Md. DATE SIGNED 6-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 15-54
NAME OF CEMETERY OR CREMATORY Mount Zion
LOCATION (City, town, or county) St Inigoes (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-14-54
REGISTRAR'S SIGNATURE P. J. Bean, M.D.
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUN 17 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05851

# 5858 CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) Boy (Last) Clark

4. DATE OF DEATH: (Month) 6 (Day) 10, (Year) 19 54

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: June 10/54 | 9. AGE last birthday: ____ yrs. | IF UNDER 1 YEAR: Months ____ Days ____ | IF UNDER 24 HRS: Hours ____ Min. 2

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Willard Clark Jr. | 14. MOTHER'S MAIDEN NAME: Catherine Marie Combs

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) ____ (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: ____ | 17. INFORMANT & ADDRESS: Ann Hope Tasker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Premature birth (6 months) — Interval Between Onset And Death: 2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10, 1954, to 6-10, 1954, that I last saw the deceased alive on 6-10, 1954 and that death occurred at 7 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Beam MD | ADDRESS Great Mills Md | DATE SIGNED 6-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-10-54 | NAME OF CEMETERY OR CREMATORY Holy Face Cemetery | LOCATION (City, town, or county) Great Mills (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-10-54 | REGISTRAR'S SIGNATURE P.J. Beam M.D. (Local) | 24. FUNERAL DIRECTOR G. Willard Clark Jr. | ADDRESS Great Mills Md

20641932 41

RECEIVED
JUN 14 19[illegible]
BUREAU V. S.

05852

MARYLAND STATE DEPARTMENT OF HEALTH

5859

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Town
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakley
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Edward (Last) Farrell
4. DATE OF DEATH (Month) June (Day) 27 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH May 18-1937
9. AGE last birthday 17 yrs. If under 1 year Months 7 Days 9 If under 24 hrs. Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wilson Farm with Father
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Bernard Farrell
14. MOTHER'S MAIDEN NAME Carrie Graves
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-34-6794
17. INFORMANT AND ADDRESS Carmarie Farrell Oakley Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull — INTERVAL BETWEEN ONSET AND DEATH: indirect

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. subarachnoid hemorrhage

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) Highway (CITY OR TOWN) Bushwood (COUNTY) St. Marys (STATE) Md
TIME OF INJURY (Month) 6 (Day) 27 (Year) 54 (Hour) A3 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Car hit pole + crushed roof

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Julian Law (Degree or title) M.D. ADDRESS Leonardtown Park. Md DATE SIGNED 6/27/54

23. CREMATION (City, town, or county) Burial
DATE THEREOF June 30-54
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Bush Wood (State) Md

DATE REC'D BY LOCAL REG. 4/25/54
REGISTRAR'S SIGNATURE Claud D. Hansen
24. FUNERAL DIRECTOR Jos. C. Hattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

Film#G167 Item# 12 6/29/54 emf

05853

MARYLAND STATE DEPARTMENT OF HEALTH

5860 **CERTIFICATE OF DEATH**

**FOR MEDICAL EXAMINERS**

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1-1

1. PLACE OF DEATH: COUNTY: St Marys | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Park Hall | LENGTH OF STAY (In this place): 5 years | HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: St Marys | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Park Hall | STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Bernite (Middle) Guidant (Last) Fox

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Nov 11 1888 | 9. AGE last birthday: 65 yrs. | If under 1 year: Months — | If under 24 hours: Days 24 | Hours — | Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): France | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pierre Guidant | 14. MOTHER'S MAIDEN NAME: Feluse Fortune Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 126-07-5372 | 17. INFORMANT AND ADDRESS: Francis L. Fox 51 Fremont Central Jersey Int Bank Jersey City N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none (Amputation of left leg)

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. IN WHAT CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none | (CITY OR TOWN) Park Hall | (COUNTY) St. Marys | (STATE) Md

TIME OF INJURY: (Month) none (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy —, Inspection —, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes —, accident —, suicide —, homicide —, undetermined —.*

SIGNATURE (Degree or title): Leon M. Lewton M.D. | ADDRESS: Bel Md | DATE SIGNED: 6/3/54

INFORMATION RECEIVED BY (Registrar): Burial | DATE THEREOF: June 6-54 | NAME OF CEMETERY OR CREMATORY: Holy Face | LOCATION (City, town, or county): Great Mills | (State): Md.

LOCAL REGISTRAR'S SIGNATURE: 6/18/54 Glenn D. Hebron Jr. | 24. FUNERAL DIRECTOR: C. Whitfield Undertaker of Maryland | ADDRESS

JUN 22
B V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05854

# 5861 CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) William Mortimer Fox

4. DATE OF DEATH: (Month) (Day) (Year) June 11 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec 14 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 5 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 126-09-5372
17. INFORMANT & ADDRESS: Miss Helen Fox Indian Hill Bedford N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral thrombosis — 6 mos.

DUE TO

(c) Diabetes mellitus — 10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1945, to June 11, 1954, that I last saw the deceased alive on June 11, 1954 and that death occurred at 12.30 P.M. from the causes and on the date stated above.

SIGNATURE Wm H. Patrick M.D. (Degree or title) Lexington Park Maryland ADDRESS DATE SIGNED 6-13-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 14 54
NAME OF CEMETERY OR CREMATORY Holy Face
LOCATION (City, town, or county) Great Mills (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/14/54
REGISTRAR'S SIGNATURE Alan A. Hauser
24. FUNERAL DIRECTOR Jos C. Mattingley
ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05855

5862

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
STREET ADDRESS (If rural give location) Rural.

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) Girl (Last) Johnson

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: June 24 1954

9. AGE Last Birthday: 0 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. 45

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Thomas Johnson

14. MOTHER'S MAIDEN NAME: Dorothy A. Faunce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Geo. T. Johnson - Mechanicsville

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Precipitate delivery in Grand multipara

DUE TO (c) (No 16); baby difficult to resuscitate; & Cyanosis, bulging fontanelle

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 19 54, to June 24, 19 54, that I last saw the deceased alive on June 24, 19 54 and that death occurred at 7:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Griffith, MD ADDRESS Mechanicsville DATE SIGNED 6/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6-25-54 NAME OF CEMETERY OR CREMATORY St. Aloysius LOCATION (City, town, or county) Leonardtown (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-25-54 REGISTRAR'S SIGNATURE Alan D. Bauer M.D.

24. FUNERAL DIRECTOR C.C. Robertson ADDRESS Leonardtown Md.

VS. A15

20643116406

RECEIVED
JUN 29
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05856

5863

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Milestown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ave
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) C (Last) Knight

4. DATE OF DEATH (Month) (Day) (Year) June 27 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Feb 7 1952

9. AGE last birthday 22 yrs. If under 1 year Months 4 Days 2 If under 24 hrs. Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Army truck drive

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William J. Knight

14. MOTHER'S MAIDEN NAME Elie Mae Wuthen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes army (If yes, give war or dates of service) 9/9/52

16. SOCIAL SECURITY No. Still in army

17. INFORMANT AND ADDRESS William J. Knight Ave Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Factured skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: immediate

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: subarachnoid hemorrhage

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway

(CITY OR TOWN) Bushwood (COUNTY) St. Marys (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 6 27 54 Am.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Car hit pole & crushed roof

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Julian L. Law (Degree or title) Mds. ADDRESS Leonardtown Md DATE SIGNED 6/27/54

NAME OF CREMATION (Specify) Burial DATE THEREOF June 30-54 NAME OF CEMETERY OR CREMATORY Sacred Heart LOCATION (City, town, or county) Bush Wood (State) Md

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 6/28/54 Clara D. Hauser

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS APA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05857

# 5864 CERTIFICATE OF DEATH

Reg. Dist. No.

M

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurry
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Millie (Middle) Elizabeth (Last) Mills

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 5 1889
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months — Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry J. Young
14. MOTHER'S MAIDEN NAME: Mary Jennie Mack

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: William H. Mills Hurry Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic CV disease
DUE TO
(c)

Interval Between Onset And Death: 10 d.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1954, to June 29, 1954, that I last saw the deceased alive on June 28, 1954, and that death occurred at 1:00 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Roy Guyther, MD ADDRESS Mechanicsville, Md DATE SIGNED 6/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 3-54
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Bush Wood (State) Md

DATE REC'D BY LOCAL REGISTRAR July 2, 1954
REGISTRAR'S SIGNATURE [illegible] Houser, M.D.
24. FUNERAL DIRECTOR [illegible] ADDRESS Tarrantown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1954
BUREAU V. S.

5865 MARYLAND STATE DEPARTMENT OF HEALTH 05858

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Clements Shores
LENGTH OF STAY (in this place) 2 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE South Dakota COUNTY Hamlin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Estelline
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marcene (Middle) Ann (Last) Allen
4. DATE OF DEATH (Month) June (Day) 26 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 17-1936
9. AGE last birthday 17 yrs. If under 1 year Months 9 Days 10 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman Telephone Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Allen
14. MOTHER'S MAIDEN NAME Nine Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 503-34-7952
17. INFORMANT AND ADDRESS Lucile Furman 1818 Park Rd N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Potomac R.
(CITY OR TOWN) St. Clements Shores (COUNTY) St. Mary's (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 26 (Year) 54 (Hour) P5 Min.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Drowned while swimming.

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓, suicide , homicide , undetermined

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Julia Dave [illegible] Leighton Park Md 6/26/54

CREMATION (Yes, no, or fly) Burial
DATE THEREOF 7-1-54
NAME OF CEMETERY OR CREMATORY Hill crest
LOCATION (City, town, or county) (State) Estelline South Dakota

DATE REC'D BY LOCAL REG. 6/24/54
REGISTRAR'S SIGNATURE Alan D. Hauser 6/28/54
24. FUNERAL DIRECTOR Joe C. Matingley ADDRESS Hornardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUN 30 1954
BUREAU U. S.

05859

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5866 **CERTIFICATE OF DEATH** Reg. Dist. No.....

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY St. Mary's County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS None X

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY St. Mary's County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural, give location) None

**3. NAME OF DECEASED:** (Type or Print) (First) William (Middle) Lee (Last) Price

**4. DATE OF DEATH:** (Month) June (Day) 4th, (Year) 1954

**5. SEX:** Male

**6. COLOR OR RACE:** Colored

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Married

**8. DATE OF BIRTH:** 7 December, 1894

**9. AGE last birthday:** 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer

**10b. KIND OF BUSINESS OR INDUSTRY:** Farming

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** William Leo Price

**14. MOTHER'S MAIDEN NAME:** Mary E. Herbert

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) - - -

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** Mrs. Mary Alberta Price (wife), Mechanicsville, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

DUE TO

Antecedent cause(s) (b) Luetic cardiovascular disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Aortic insufficiency

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1957, to June, 1954, that I last saw the deceased alive on April, 1954, and that death occurred at 6 p.m. from the causes and on the date stated above.

SIGNATURE J. Roy Gupther, MD (DEGREE OR TITLE) ADDRESS Mechanicsville DATE SIGNED 6/4/54

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial

DATE THEREOF: 7 June, 1964

NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery

LOCATION (City, town, or county) (State): Morganza, Maryland

DATE REC'D BY LOCAL REG. 6-6-54

REGISTRAR'S SIGNATURE Alan D. Hauser, MD

**24. FUNERAL DIRECTOR** ADDRESS P. B. Robinson, Leonardtown, Maryland

RECEIVED
JUN 9
BUREAU V. S.

05860

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5867 **CERTIFICATE OF DEATH**

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**

COUNTY St. Marys — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Leonardtown

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY St. Marys

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakley

STREET ADDRESS (If rural, give location) Rural

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| George | Woodley | Quade | 6 - | 14 - | 1954 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | widowed | 11-2- 1881 | 72 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| farming | Farm tenant | Maryland | USA |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Thomas Quade | Catherine V.Lacy |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| no ------- | ------- | Joseph F. Quade - Abell, Maryland |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 4 days |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Arteriosclerotic C.V. disease | |
| DUE TO | | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? |
|---|---|---|
| 0 | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| M. | | |

22. I hereby certify that I attended the deceased from 6/10, 1954, to 6/14, 1954, that I last saw the deceased alive on 6/14, 1954, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE J Ray Smythe M.D. (DEGREE OR TITLE) ADDRESS Mechanicsville, Md DATE SIGNED 6/14/54

| 23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 6-16-54 | Sacred Heart Cemetery | Bushwood, Md, |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6-16-54 | Alan D. Jones, M.D. | P.B. Robinson - Leonardtown, Md. | |

RECEIVED
JUN 18 1954
BUREAU V. S.

05861

MARYLAND 5868

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Beachville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) (Last) Wright
4. DATE OF DEATH (Month) June (Day) 24 (Year) 1954
5. SEX F
6. COLOR OR RACE S
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 4-14-1889
9. AGE last birthday 65 yrs. If under 1 year: Months 2, Days 11, If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Hiller Key
14. MOTHER'S MAIDEN NAME Ida Cole
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Gilbert Thomas Beachville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — 3 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 10 years

(c) Arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1952, to June 24, 1954 that I last saw the deceased alive on June 24, 1954 and that death occurred at 3.15 A m., from the causes and on the date stated above.

SIGNATURE Wm. H. Patrick M.D. (Degree or title) ADDRESS Lexington Park Md. DATE SIGNED 6-27-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 29 54
NAME OF CEMETERY OR CREMATORY St Peters Clavers
LOCATION (City, town, or county) Ridge (State) Md

DATE REC'D BY LOCAL REG. 6/28/54
REGISTRAR'S SIGNATURE Alan D. Hauser
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 30 1954
BUREAU V. S.